

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		
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TOTAL IND.	4	↓	↓	↓	↓	↓	TOTAL IND.	2	↓	↓	↓
TOTAL DEP.	83	↓	↓	↓	↓	↓	TOTAL DEP.	10	↓	↓	↓
TOTAL CLAIMS	87	↓	↓	↓	↓	↓	TOTAL CLAIMS	12	↓	↓	↓